

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Joice Moore	<i>Joice Moore</i>	Street: 4035 Erie St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	11/26/2011 <small>(Month) (Day) (Year)</small>	<i>moore</i>
2. Maurice Miller	<i>Maurice Miller</i>	Street: 4035 Erie St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	11/26/2011 <small>(Month) (Day) (Year)</small>	
3. Brandon McBurnick	<i>Brandon McBurnick</i>	Street: 4035 Erie St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	11/26/2011 <small>(Month) (Day) (Year)</small>	<i>Soul</i>
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	

I, Allen Geve (Name of Circulator), certify: I reside at 421 William St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

10 / 3 / 2011
(Month) (Day) (Year)

Allen Geve
(Signature of Circulator)

Page No. (Official Use Only)
000851

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Helen A. Garrett	<i>Helen A. Garrett</i>	Street: 2800 Jacaranda Dr. #2 City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>	
2. Harris Nelson Jr.	<i>Harris Nelson Jr.</i>	Street: 2432 Jacaranda #17 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>	
3. Angela Ross	<i>Angela Ross</i>	Street: 1239 Villa St City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>	
4. Angela Rosser	<i>Angela Rosser</i>	Street: 1313 Bluepine #3 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>	
5. Jeffrey James	<i>Jeffrey James</i>	Street: 1715 Racine St City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>	
6. Mareshona Matherette	<i>Mareshona Matherette</i>	Street: 5001 Sydmore #108 City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
7. Cassie LaFleur	<i>Cassie LaFleur</i>	Street: 1915 ARTHUR Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Alton Lewis (Name of Circulator), (certify): I reside at 421 W. Elm St Racine (Circulator's Residence - Street name and Number) Racine (Circulator Municipality) Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know that the respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Alton Lewis
(Signature of Circulator)

Page No. (Official Use Only)
000852

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Artis Echols	<i>Artis Echols</i>	Street: 4910 Biscayne ave #11 City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
2. Elsie Roberson	<i>Elsie Roberson</i>	Street: 2039 Mead ST City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
3. Timetrus Marshall	<i>Timetrus Marshall</i>	Street: 1856 Roosevelt City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
4. <i>[Signature]</i>	<i>[Signature]</i>	Street: 3024 Rapids Drive City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
5. <i>[Signature]</i>	<i>[Signature]</i>	Street: 1908 Geneva ST City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
6. James Kimmis	<i>James Kimmis</i>	Street: 2405 Raymond City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
7. Elizabeth Villalobos	<i>Elizabeth Villalobos</i>	Street: 2123 Green ST. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
8. MICHAEL MILLS	<i>[Signature]</i>	Street: 2419 Carmel ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
9. Nikki Lawrence	<i>[Signature]</i>	Street: 1324 Russet ST City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Phone ()

Certification of Circulator

I, Alvin Levy, (certify): I reside at 421 W. 11th St Racine
(Name of Circulator) (Circulator's Residence—Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 2011
(Month) (Day) (Year) *[Signature]*
(Signature of Circulator)

Page No. (Official Use Only)
000853

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.	<i>Matt Kreckling</i>	Street: <i>1532 Cleveland Ave</i> City: <i>Racine</i> Zip: <i>53405</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
2.	<i>Merced Davis</i>	Street: <i>5021 Byrd Ave #103</i> City: <i>Racine</i> Zip: <i>53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
3.	<i>Larry William</i>	Street: <i>5021 Byrd Ave #201</i> City: <i>Racine</i> Zip: <i>53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
4.	<i>Cwenddy Maxwell</i>	Street: <i>1835 Roosevelt Ave #4</i> City: <i>Kenosha</i> Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
5.	<i>FREDA DAVIS</i>	Street: <i>4835 1st North 5th St</i> City: <i>Kenosha</i> Zip: <i>53201</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
6.	<i>Patreece N Mills</i>	Street: <i>1808 Oakdale Ave</i> City: <i>Kenosha</i> Zip: <i>53406</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
7.	<i>William Turner</i>	Street: <i>7121 Decker Ave #3</i> City: <i>Kenosha</i> Zip: <i>53403</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
8.	<i>Tushanda Grisse</i>	Street: <i>5543 Broadway #4</i> City: <i>Kenosha</i> Zip: <i>53404</i>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Kenosha</i>	<i>12/3/2011</i> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<i>1/20</i> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, *Allen Lewis* (Name of Circulator), (certify): I reside at *421 William St* (Circulator's Residence - Street name and Number) *Kenosha* (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12 / *3* / *2011*
(Month) (Day) (Year)

Allen Lewis
(Signature of Circulator)

Page No. *000554*

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. GERALD L. RITTER	<i>Gerald L. Ritter</i>	Street: 826 WILLIAM ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
2. Louu Ishman	<i>Louu Ishman</i>	Street: 1234 ILLINOIS ST City: RACINE, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
3. Eileen Widmar	<i>Eileen Widmar</i>	Street: 1533 Klett Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
4. Tony Gutierrez	<i>Tony Gutierrez</i>	Street: 826 Orchard St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
5. Anne Martin	<i>Anne Martin</i>	Street: 1520 Oregon City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
6. Duane Lyons	<i>Duane Lyons</i>	Street: 314 MARQUETTE City: Racine Zip: 53401	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine #1	12/3/2011 <small>(Month) (Day) (Year)</small>	
7. Albert Eserehut	<i>Albert Eserehut</i>	Street: 1226 Prairie DR. City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/ /20 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, *Allen Leuw* (Name of Circulator), (certify): I reside at 451 Willow ST (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Allen Leuw
(Signature of Circulator)

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000855

VAN WANGGAARD RECALL PETITION

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1.		Street: 7230 Kinzie Ave Apt 108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	12/16/2011
Judy Batchelor	Judy Batchelor	City: Mt Pleasant Zip: 53406	Mt Pleasant	(Month) (Day) (Year)
2. Shielah McCarthy	Shielah McCarthy	Street: 5001 Byndrop	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
3. MARTINEA ELLISON	Martina Ellison	Street: 1241 Roosevelt	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53405	None	(Month) (Day) (Year)
4. JUANITA JERNAL	Juanita Jernal	Street: 5407 Beadme	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
5. Kevin Hansen	Kevin Hansen	Street: 5303 Beadme	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
6. Shelli Thompson	Shelli J.	Street: 5325 Beadme	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
7. Shara Wooden	Shara Wooden	Street: 5343 Beadme Apt 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53406	None	(Month) (Day) (Year)
8. MARK OTTO	Mark Otto	Street: 10500 Parkview	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: Franklin Zip: 53126	Franklin	(Month) (Day) (Year)
9. Edward Larkin	Edward Larkin	Street: 2054 Oakwood St	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53405	None	(Month) (Day) (Year)
10. LORNA TRAVIS	Lorna Travis	Street: 4517 Westanger	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	12/3/2011
		City: None Zip: 53405	None	(Month) (Day) (Year)

Certification of Circulator

I, Allen Ceme, (certify): I reside at 421 W 14th St None
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 1, 3 2011
(Month) (Day) (Year)

Allen Ceme
(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

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1. Debra Jo Chiappetta	<i>Debra Jo Chiappetta</i>	Street: 215 Kewaunee St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DK	11/19/2011 <small>(Month) (Day) (Year)</small>
2. Gloria M. Chiappetta	<i>Gloria M. Chiappetta</i>	Street: 8508 Westminster Dr. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant DSC <input type="checkbox"/> City	11/19/2011 <small>(Month) (Day) (Year)</small>
3. Richard H. VanNest	<i>R. VanNest</i>	Street: 1309 DOUGLAS AVE City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DJC	11/20/2011 <small>(Month) (Day) (Year)</small>
4. Kathleen A. Ernst	<i>Kathleen A. Ernst</i>	Street: 1630 New St City: Union Grove WI Zip: 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village Union Grove DK <input type="checkbox"/> City	11/21/2011 <small>(Month) (Day) (Year)</small>
5. Dawn M. Chiappetta	<i>Dawn M. Chiappetta</i>	Street: 211 Feres Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DJC	11/21/2011 <small>(Month) (Day) (Year)</small>
6. Jennifer Vogt	<i>Jennifer Vogt</i>	Street: 10846 Washington Ave City: Mt. Pleasant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant DJC <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Brett A. Johnson	<i>Brett A. Johnson</i>	Street: 1507 Washington Ave City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DJC	12/7/2011 <small>(Month) (Day) (Year)</small>
8. Merry Bartlett	<i>Merry Bartlett</i>	Street: 4511 17th St. City: RACINE, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DJC	12/3/2011 <small>(Month) (Day) (Year)</small>
9. JESSE VILLARREAL	<i>Jesse Villarreal</i>	Street: 1733 Sedgebrook Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine DK	12/3/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Debra Jo Chiappetta, (certify): I reside at 215 Kewaunee St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 3, 2011
(Month) (Day) (Year)

Debra Jo Chiappetta
(Signature of Circulator)

Page No. 000337
#

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE Rural address must also include box or fire no.	VOTING MUNICIPALITY OF RESIDENCE (Indicate Town, City, or Village)	DATE OF SIGNING	
1. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 922 Racine St. City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
2. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 5001 Byrd Ave City: Racine, Wis Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
3. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 5001 Byrd Ave #200 City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
4. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 3215 Byrd Ave #108 City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
5. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 5301 Byrd Ave City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 (Month) (Day) (Year)	Email Phone
6. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 5401 Byrd Ave City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine <i>(RW)</i>	12/3/2011 (Month) (Day) (Year)	Email Phone
7. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 5501 Citation Ln City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine <i>(RW)</i>	12/3/2011 (Month) (Day) (Year)	Email Phone
8. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 723 High St. City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine <i>(RW)</i>	12/3/2011 (Month) (Day) (Year)	Email Phone
9. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: 21131 W 7th Ave Rd City: Fransvauve Zip: _____	<input checked="" type="checkbox"/> Town Norway <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 (Month) (Day) (Year)	Email Phone
10. <i>[Handwritten Name]</i>	<i>[Handwritten Signature]</i>	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 (Month) (Day) (Year)	Email Phone

Certification of Circulator

I, Maurice Williams (Name of Circulator), (certify): I reside at 1611 Edgewood Ave Racine (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 3, 2011
(Month) (Day) (Year)

[Handwritten Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000858

Circulator

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.	<i>Jerome Tye</i>	Street: 5021 Byrd Ave #201 City: Racine Zip: <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.	<i>Antasia Echols</i>	Street: 1851 Roosevelt #17 City: Racine Zip: 53406 <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3.	<i>John Rockett</i>	Street: 204 City: Racine Zip: WI <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4.	<i>Constance McNeil</i>	Street: 5547 Byrd Ave. City: Racine Zip: <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5.	<i>Vivian Jamison</i>	Street: 5543 Byrd City: Racine Zip: 53403 <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.	<i>BRETT LYTNER</i>	Street: 5305 16TH ST City: RACINE, WI Zip: 53406 <input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	MT. PLEASANT	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.	<i>Nicole Rieudean</i>	Street: 8613 County V City: Caledonia Zip: 53108 <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8.	<i>Shelby Jackson</i>	Street: 1511 Maple St City: Racine Zip: <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.	<i>Latoya Lyons</i>	Street: 1951 Lawn St City: Racine Zip: 53409 <input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City	Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Maurice Williams (certify): I reside at 1611 Edgewood Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12, 13, 2011
(Month) (Day) (Year)

Maurice Williams
(Signature of Circulator)

Page No. (Official Use Only)
 # 000853

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Marcin Griffin</u>	<u>[Signature]</u>	Street: <u>5623 Bayrd Ave</u> City: <u>Racine</u> WI <u>53406</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2. <u>Lynette Duktouts</u>	<u>[Signature]</u>	Street: <u>3114 94th St</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
3. <u>Susan Masteller</u>	<u>[Signature]</u>	Street: <u>4855 Containe Dr</u> City: <u>Racine, WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
4. <u>Raven Mitchell</u>	<u>[Signature]</u>	Street: <u>4820 Indian Hills Dr</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mount Pleasant</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Tara Harris (Name of Circulator), (certify): I reside at 4102 Saint Clair St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000860
000860

Circulator

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. BRENDA MITCHELL	<i>Brenda Mitchell</i>	Street: 1934 Arthur Avenue City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
2. Harriet Schram	<i>Harriet Schram</i>	Street: 4518 Brewer City: Mt Pleasant Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/20/2011 <small>(Month) (Day) (Year)</small>
3. Bill Schram	<i>Bill Schram</i>	Street: 4518 Brewer Lane City: Mt Pleasant Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/20/2011 <small>(Month) (Day) (Year)</small>
4. PATRICIA MAKYS	<i>Patricia Makys</i>	Street: 3200 Indiana St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
5. Patricia Defaut	<i>Patricia Defaut</i>	Street: 3123 Hamlin Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>
6. ROBERT WESTERBAC	<i>Robert Westerback</i>	Street: 3129 Hamlin City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/20/2011 <small>(Month) (Day) (Year)</small>
7. NANCY WESTERBAC	<i>Nancy Westerback</i>	Street: 3129 Hamlin St City: RACING WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACING	11/20/2011 <small>(Month) (Day) (Year)</small>
8. Jennifer Gomez	<i>Jennifer Gomez</i>	Street: 3025 Arlington Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/23/2011 <small>(Month) (Day) (Year)</small>
9. Shawn Fellion	<i>Shawn Fellion</i>	Street: 3059 Hamlin St City: Racine WI Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>
10. Pam Fellion	<i>Pam Fellion</i>	Street: 3059 Hamlin St City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	11/23/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Laura Kroll (Name of Circulator), certify: I reside at 3111 Hamlin (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Kroll
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Laura Kroll	<i>Laura Kroll</i>	Street: 3111 Hamlin Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
2. Thomas Kroll	<i>Thomas Kroll</i>	Street: 3111 Hamlin St City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
3. PAUL GRANSEA	<i>Paul Gransea</i>	Street: 3108 Hamlin St City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/19/2011 <small>(Month) (Day) (Year)</small>
4. FRED OATES	<i>Fred Oates</i>	Street: 3100 Hamlin St. City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	11/19/2011 <small>(Month) (Day) (Year)</small>
5. MADIE RILEY	<i>Madie B. Riley</i>	Street: 3147 Hamlin Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
6. Jill Rasmussen	<i>Jill Rasmussen</i>	Street: 3158 Hamlin City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
7. JOAN DOYLE	<i>Joan Doyle</i>	Street: 3155 Debra Ln. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
8. VINCENT DOYLE	<i>Vincent Doyle</i>	Street: 3155 Debra Ln City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
9. Roger Mantujano	<i>Roger Mantujano</i>	Street: 3100 Debra Ln City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/19/2011 <small>(Month) (Day) (Year)</small>
10. Jane Killis	<i>Jane Killis</i>	Street: 1510 Junction City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/20/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Laura Kroll (Name of Circulator) (certify): I reside at 3111 Hamlin (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Kroll
(Signature of Circulator)

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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Emily Nicholson	<i>Emily Nicholson</i>	Street: 3114 Hamlin Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/26/2011 <small>(Month) (Day) (Year)</small>
2. Dianne Drefahl	<i>Dianne Drefahl</i>	Street: 3740 Wyoming Way City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Caledonia <input type="checkbox"/> City	11/26/2011 <small>(Month) (Day) (Year)</small>
3. EUGENIA HUGGINS	<i>Eugenia Huggins</i>	Street: 4526 Pleasant Lane City: Racine WI Zip: 53405	<input checked="" type="checkbox"/> Town Mt. <input type="checkbox"/> Village Pleasant <input type="checkbox"/> City	11/27/2011 <small>(Month) (Day) (Year)</small>
4. GEORGIA WAGNER	<i>Georgia Wagner</i>	Street: 1624 PRATT AVE City: RACINE WI Zip: 53403	<input checked="" type="checkbox"/> Town Mt <input type="checkbox"/> Village Pleasant <input type="checkbox"/> City	11/27/2011 <small>(Month) (Day) (Year)</small>
5. Jennifer Rowlands	<i>Jennifer Rowlands</i>	Street: 2400 Gillen St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>
6. BRIAN WISMAR	<i>Brian Wismar</i>	Street: Racine 4335 Marylands Ave City: Racine W Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>
7. Austin Iverson	<i>Austin Iverson</i>	Street: 1231 Harrington Drive City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	11/27/2011 <small>(Month) (Day) (Year)</small>
8. Walenda Riley	<i>Walenda Riley</i>	Street: 4800 Linden Hills Dr #8 City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>
9. Sue Voss	<i>Sue Voss</i>	Street: 2925 - 96th Street City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Sturtevant <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>
10. ILMA OATES	<i>Ilma Oates</i>	Street: 3100 Hamlyn City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Laura Kroll (Name of Circulator), (certify) I reside at 3111 Hamlin (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Kroll
(Signature of Circulator)

Page No. (Official Use Only)

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Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. James Mikledj	<i>James Mikledj</i>	Street: 500 Wellington Dr. City: Union Grove Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Union Grove <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Jesus Santos Jr	<i>Jesus Santos Jr</i>	Street: 1414 Kentucky St City: Racine Wis Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Cheryl Fredrick	<i>Cheryl Fredrick</i>	Street: 8523 Old Spring St City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Chedrick Johnson	<i>Chedrick Johnson</i>	Street: 1356 Washington Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Joyce Gatti	<i>Joyce Gatti</i>	Street: 2327 Blaine Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Katy Peterson	<i>Katy Peterson</i>	Street: 4400 Victory Ave City: Racine Zip: WI	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Angela Morales-Hejl	<i>Angela Morales-Hejl</i>	Street: 3827 Maryland Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Elmwood	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Jill Hoffman	<i>Jill Hoffman</i>	Street: 3608 Kinzie Ave City: Racine Zip: WI	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Karen Everson	<i>Karen Everson</i>	Street: 3841 Glencoe Dr City: Mt Pleasant Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Tracy Botterman	<i>Tracy Botterman</i>	Street: 3314 Pierce Blvd City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

I, Laura Betker (Name of Circulator) Certification of Circulator (certify): I reside at 2320 Gilson St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Laura Betker
(Signature of Circulator)

Page No. (Official Use Only)
000864

Circulator

Ph

Em

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Stacey Zimmerman		Street: 1457 Mungrove CT City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Leslie Edward		Street: 1515 Maple St. City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Dennis D Smith		Street: 404 WATER ST City: WATERFORD WI Zip: 53185	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City WATERFORD	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. TERRY HARDEN		Street: 18231 Washington City: UNION GROVE Zip: 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Katie Hardin		Street: 18231 Washington Ave. City: Union Grove Zip: 53182	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. John G. Cozad		Street: 14008 50th Rd City: Sturtevant WI Zip: 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/03/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Martha Cozad		Street: 14008 50th Rd City: Sturtevant Zip: 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Patricia Johnson		Street: 1816 Park Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Alpha Sereny		Street: 215 Island Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Chris Tomczak		Street: 1714 Kings St Rd City: KENOSHAVILLE WI Zip: 53139	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Kenosha	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

I, Laura Betker (Name of Circulator), (certify): I reside at 2320 Gilson St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

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12/3/2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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#	PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email Phone
1.	Sharon Mikulecky	<i>Sharon Mikulecky</i>	Street: 500 Wellington Dr City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	12/3/2011 <small>(Month) (Day) (Year)</small>	
2.	Lisa M Karasick	<i>Lisa M Karasick</i>	Street: 8465 Westminister Drive City: Sturtevant WI Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 <small>(Month) (Day) (Year)</small>	gise
3.	Jon Schubert	<i>Jon Schubert</i>	Street: 3604 Waterbury Ln City: Racine WI Zip: 53413	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
4.	Amanda Marquez	<i>Amanda Marquez</i>	Street: 2033 1/2 Kearney Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
5.	ROBERT T. MALESKE	<i>Robert T. Maleske</i>	Street: 1916 WISCONSIN AVE City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>	
6.	KAREN WALTERS	<i>Karen Walters</i>	Street: 3485 Oak Tree City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>	
7.	Beth R. Rubanka	<i>Beth R. Rubanka</i>	Street: 1249 West Blvd. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
8.	Patricia Caldwell	<i>Patricia Caldwell</i>	Street: 2805 Spring St. City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 <small>(Month) (Day) (Year)</small>	
9.	TAMIKA JACKSON	<i>Tamika Jackson</i>	Street: 1418 S. WISCONSIN AVE. City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/03/2011 <small>(Month) (Day) (Year)</small>	
10.	Martha Cozad	<i>Martha Cozad</i>	Street: 14008 50th Road City: Sturtevant WI Zip: 53177	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Yorkville	12/3/2011 <small>(Month) (Day) (Year)</small>	

I, Laura Betker (Name of Circulator), (certify): I reside at 2320 Gibson St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S 12.13(3)(a) Wis. Stats.

12 / 3 / 2011 (Month) (Day) (Year)

Laura Betker
(Signature of Circulator)

Page No. (Official Use Only)
000366

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Diannem young	<i>Diannem young</i>	Street: 5209 Kinzie Ave City: Racine WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Nicole Schumann	<i>Nicole Schumann</i>	Street: 5700 Sunview Ln City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Linda McClure	<i>Linda McClure</i>	Street: 5655 Wakefield Ave City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MTPLEASANT	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Sherli Farnsworth	<i>Sherli Farnsworth</i>	Street: 1306 West Lawn Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. LEE LAITINEN	<i>Lee Laitinen</i>	Street: 1508 LATHROP AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Rana Collier	<i>Rana Collier</i>	Street: 5651 Byron Ave 102 City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/7/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Jamesel Ghauri	<i>Jamesel Ghauri</i>	Street: 1700 WISCONSIN City: RACINE WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Alonzo	<i>Alonzo</i>	Street: 1922 City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/7/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. ANN CARBAJAL	<i>Ann Carbajal</i>	Street: 3321 Raymond Ct City: Racine WI Zip: 53405	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MTPLEASANT	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Melanie Baumgardt	<i>Melanie Baumgardt</i>	Street: 2900 Rosalind Ave. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

I, Laura Betker (Name of Circulator), (certify) I reside at 2320 Gilson Street Racine (Circulator's Residence - Street name and Number), Racine (Circulator Municipality).

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12 / 3 / 2011
(Month) (Day) (Year)

Laura Betker
(Signature of Circulator)

Page No. (Official Use Only)
000367

Circulator
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Bryan Robert	<i>[Signature]</i>	Street: 1923 Marquette St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	
2. Daniel R. Carbajal	<i>[Signature]</i>	Street: 3716 Haven Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
3. Antonio Carvajal	<i>[Signature]</i>	Street: 3321 Raymond Ct. City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	
4. Robin Mars	<i>[Signature]</i>	Street: 8708 Citadel Terrace City: STANTON Zip: 53177	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
5. MYNETTE OLIVER	<i>[Signature]</i>	Street: 4309 21st Street City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
6. CHRISTINE S. COOK	<i>[Signature]</i>	Street: 717 GROVE AVE. City: RACINE Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>	
7. MARK GABLE	<i>[Signature]</i>	Street: 1452 Margrace Ct City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
8. Bridget Kristan	<i>[Signature]</i>	Street: 627 Newman Rd City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	
9. MARY E. WILLIAMS	<i>[Signature]</i>	Street: 1040 Delamere Ave City: Racine Wis Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	
10. SUSAN GOWD	<i>[Signature]</i>	Street: 3229 Nobb Hill Dr City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Laura Betker (Name of Circulator), (certify) I reside at 2320 Gilson St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12/3/2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. (Official Use Only)
000368

Circulator

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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1. Sonia Dresen	<i>Sonia Dresen</i>	Street: 110 7th St #514 - Mt Racine City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		
2. ARVIND CHAUDHARY	<i>Arvind Chaudhary</i>	Street: 5333 VALLEY TRAIL City: RACINE Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village OF WIND POINT <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>		
3. Katherine Schultz	<i>Katherine Schultz</i>	Street: 1609 Holmes Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		
4. Justin Schultz	<i>Justin Schultz</i>	Street: 1609 Holmes City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		
5. Amanda Wojcik	<i>Amanda Wojcik</i>	Street: 1712 Arcturus Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		
6. Clifton Duke	<i>Clifton Duke</i>	Street: 815 5th Apt. M-07 City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		
7. Kathleen Ryaszewicz	<i>Kathleen Ryaszewicz</i>	Street: 2211 Jerome Blvd City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		
8. BRANDA COERILLO	<i>Brandi Coerillo</i>	Street: 1204 WOLFEST City: RACINE WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>		
9. PATRICK LEJENIAT	<i>Patrick Lejeniat</i>	Street: 3112 Cozy Acres Rd City: RACINE Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt Pleasant <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>		
10. Angela K. Petersen	<i>Angela Petersen</i>	Street: 600 - 21st St. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>		

Certification of Circulator

I, Nicala Aiello, (certify): I reside at 1528 West Sixth St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

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(Month) (Day) (Year)

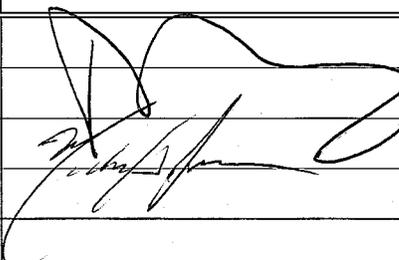
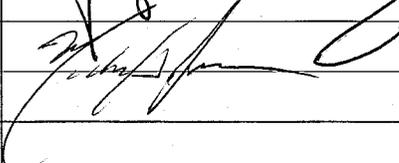
Nicala Aiello
(Signature of Circulator)

Page No. (Public Use Only)
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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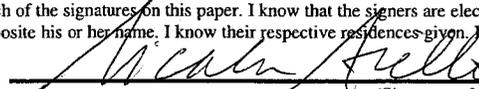
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. <u>Paula Murphy</u>		Street: <u>1835 12th St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
2. <u>Michael Steiner</u>		Street: <u>1710 Winslow St</u> City: <u>Racine</u> Zip: <u>53407</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Nicala Aiello, (certify): I reside at 1528 W 6th St Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 2011
(Month) (Day) (Year)


(Signature of Circulator)

Page No. (Official Use Only)
 # 000870

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.	<i>[Signature]</i>	Street: 2328 21st St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.	<i>[Signature]</i>	Street: 13121 7-MILE RD City: CALEDONIA WI Zip: 53108	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3.	<i>[Signature]</i>	Street: 815 8th street City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4.	<i>[Signature]</i>	Street: 5007 Hunt Club Rd City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Windpoint	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5.	<i>[Signature]</i>	Street: 644 Sunnyview City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Mt Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.	<i>[Signature]</i>	Street: 4719 INDIAN HILLS DR #316 City: RACINE WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.	<i>[Signature]</i>	Street: 4728 Bluebird Ln City: Racine Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8.	<i>[Signature]</i>	Street: 4728 BLUEBROOK City: RACINE WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City CALEDONIA	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.	<i>[Signature]</i>	Street: 1910 Rapids Dr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10.	<i>[Signature]</i>	Street: 2811 Charles St. City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Nicala Aiello, (certify): I reside at 1528. W. 6th St. Racine
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 120 / 11 *[Signature]*
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000871

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.	<i>John Stewart</i>	Street: 1708 Maple St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.	<i>GENEVA BRIDGEMATER</i>	Street: 1708 Maple St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3.	<i>Diontrez Grandberry</i>	Street: 718 Yout St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4.	<i>Siniha Thuluvath</i>	Street: 720 S Marquette #310 City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5.	<i>Theresa Gonzales</i>	Street: 1720 Edgewood Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6.	<i>Jay Hansche</i>	Street: 4736 Hansche Rd City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	12/1/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.	<i>Sam Nielsen</i>	Street: 1240 William City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8.	<i>John Osoen</i>	Street: 1113 Carlisle Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9.	<i>Emma Huggins</i>	Street: 255 N Memorial Dr City: Racine, WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10.	<i>RON MELOW</i>	Street: 949 WASHINGTON AVE. APT 201 City: RACINE Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Nicala Aiello (Name of Circulator), certify: I reside at 1528 W. Sixth St (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 2011
(Month) (Day) (Year)

Nicala Aiello
(Signature of Circulator)

Page No. (Official Use Only)
000872

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. THOMAS FUGATE	<i>Thomas Fugate</i>	Street: 6028 Quaker Hill Rd City: RACINE Zip: WI	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/23/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. RYAN Langdon	<i>Ryan Langdon</i>	Street: 1546 Hayes Ave City: Racine, WI Zip: 53405	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Hwy Hasker	<i>Hwy Hasker</i>	Street: 1608 Charles St City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. John Pettus	<i>John Pettus</i>	Street: 1608 Charles St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Matthew Puma	<i>Matthew Puma</i>	Street: 218 Ohio St City: Racine Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. Randy Lowm	<i>Randy Lowm</i>	Street: 1102 Emerald Dr. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Julia Reeser	<i>Julia Reeser</i>	Street: 3716 Washington Ave City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Kalanya Brown	<i>Kalanya Brown</i>	Street: 4607 Pilgrim Drive City: Racine Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Caledonia	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Jim Pyné	<i>Jim Pyné</i>	Street: 2307 MOHR Ave City: RACINE Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. SANDRA Abrahamson	<i>Sandra Abrahamson</i>	Street: 4305 15th St 53405 City: RACINE Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City RACINE	12/13/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, David Johnson (Name of Circulator), (certify): I reside at 1300 York St (Circulator's Residence - Street name and Number) Union Grove (Circulator Municipality) Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

David Johnson
(Signature of Circulator)

Page No. (Official Use Only)
000573

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Jebrael M. Young-Gault	<i>J.A. Young-Gault</i>	Street: 5015 Regency Hills Dr. City: Racine, WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NJ Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	()
2. CATHERINE L. DALLAS	<i>Catherine L. Dallas</i>	Street: 1096 Wisconsin Ave City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NJ Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	()
3. Noah D. Bober	<i>Noah D. Bober</i>	Street: 1696 Wisconsin Ave. City: Racine, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NJ Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	()
4. Katie Fiore	<i>Katie Fiore</i>	Street: 2619 Olive St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	()
5. MARK CHURCH	<i>Mark Church</i>	Street: 3945 Wood Lane City: RACINE WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NJ Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	()
6. Steven E. Carlson	<i>Steven E. Carlson</i>	Street: 2652 Windsor Dr City: Racine Zip: 53442	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City NJ Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	()
7. William Bennett Hill	<i>William Bennett Hill</i>	Street: 2041 West Rd City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	()
8. EVONE ASHLEY	<i>Evone Ashley</i>	Street: 1613 Oregon St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	()
9. Katalasha Lott	<i>Katalasha Lott</i>	Street: 1523 Dr. Martin L. King Jr City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City NJ Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	()
10. Darren Duntz	<i>Darren Duntz</i>	Street: 6501 Channel Rd City: Waterford WI Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Waterford	12/3/2011 <small>(Month) (Day) (Year)</small>	()

Certification of Circulator

I, David Johnson (Name of Circulator), (certify): I reside at 1300 York St (Circulator's Residence - Street name and Number) Union Grove (Circulator Municipality) Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 1 / 3 2011
(Month) (Day) (Year)

David Johnson
(Signature of Circulator)

Page No. (Official Use Only)
000374

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Arthur Henschel		Street: 5728 Sandy Ln. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Aldred D. Days		Street: 4939 Juniper Ct. City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. RICHARD J TUTTLE		Street: 12125 W. 4 1/4 MILE RD City: FRANKSVILLE Zip: 53126	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City RAYMOND	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Kathryn A. Ortiz		Street: 1604 Blaine Ave City: Racine Zip: WI 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Edward W. Smith, Jr.		Street: 418 3rd Mile Rd. A3 City: RACINE, WI. Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. RICHARD PEDERSEN		Street: 3701 BURN OAK DR City: MT. PLEASANT Zip: 53404	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Mt. Pleasant <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Scott A. Oliver		Street: 3443 E Elmwood Dr. City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village Elmwood <input type="checkbox"/> City	12/2/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Cathleen Gorman		Street: 1100 Summerset Dr. City: Racine, WI Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Wm Korako		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10. W/M KORAKO		Street: 719 Echo LAN City: RACINE Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, David Johnson (Name of Circulator), (certify): I reside at 1300 York St Union Grove (Circulator's Residence - Street name and Number) Union Grove (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12, 3, 2011
(Month) (Day) (Year)

(Signature of Circulator)

Page No. (Official Use Only)
000875

Circulator
Phone
Email

76

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email Phone
1. Diane Norton	<i>Diane Norton</i>	Street: 8409 Majestic Hills Dr City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 <small>(Month) (Day) (Year)</small>	
2. JEAN St. Louis	<i>Jean St. Louis</i>	Street: 8022 Valley Dr. City: WINDLAKE Zip: 53185	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City NORWAY WI WINDLAKE	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: () J-3 26
3. Abdelmassoud Dhaher	<i>Abdelmassoud Dhaher</i>	Street: 1001 Center St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: () nas
4. Anthony Keith	<i>Anthony Keith</i>	Street: 5310 Athens Av City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: () DJ 11
5. Jeff E. Green	<i>Jeff E. Green</i>	Street: 4801 High Meadows Terrace City: Mt Pleasant Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: () DJ
6. Nicole DEMBOWSKI	<i>Nicole Dembowski</i>	Street: 10426 DUNKELDU AP City: FRANKVILLE WI Zip: 53126	<input checked="" type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City FRANKS DJ HALL Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: ()
7. Katrina Taylor	<i>Katrina Taylor</i>	Street: 4533 15th St City: Racine WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine WI	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: () DJ
8. Lisann Heider	<i>Lisann Heider</i>	Street: 2008 Lawn St City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: () Lisann
9. Katherine Young	<i>Katherine Young</i>	Street: 1451 Warwick Way City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City Mt Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: ()
10. Marilyn Golden	<i>Marilyn Golden</i>	Street: 1709 Patriot Way City: MT. Pleasant Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Phone: ()

Certification of Circulator

I, David Johnson (Name of Circulator), (certify): I reside at 1300 York St (Circulator's Residence - Street name and Number) Union Grove (Circulator Municipality) Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

David Johnson
(Signature of Circulator)

Page No. (Official Use Only)
#000876

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Anna L. Reberman	<i>Anna L. Reberman</i>	Street: 4208 Taylor Ave Box #7 City: Racine Zip: 53403	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Susan Kopf	<i>Susan Kopf</i>	Street: 8501 Camelot Trce. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. Casimir Stawski	<i>Casimir Stawski</i>	Street: 15941 DURAND Lot 82-C City: UNION GROVE Zip: 53189	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Judith A. Hylton	<i>Judith A. Hylton</i>	Street: 2316 Kentucky St City: Racine, WI Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. Sharon A. Harris	<i>Sharon A. Harris</i>	Street: 4215 Durand Ave City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. GEORGE T. HIX	<i>George T. Hix</i>	Street: 4915 SCHOEN RD City: UNION GROVE Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City UNION GROVE	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7. Alexander Tollie	<i>Alexander Tollie</i>	Street: 1216 Park Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
8. Kurtis Oliver SR	<i>Kurtis Oliver SR</i>	Street: 4309 21st St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
9. Donna Sorenson	<i>Donna Sorenson</i>	Street: 3040 90th St. City: Sturtevant Zip: 53177	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Sturtevant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
10. Connelia G. Gantz	<i>Connelia G. Gantz</i>	Street: Racine 25119 Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Carl Hassiter, Jr. (certify): I reside at 5255 Coachlamp Drive Mt. Pleasant

(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

December 3 2011
(Month) (Day) (Year)

Carl Hassiter, Jr.
(Signature of Circulator)

Page No. (Official Use Only)
000377

Circulators
Phone
Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1.	<i>CGG</i> Mary L. White	Street: 5255 Coachlamp Drive City: Mt. Pleasant Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <i>CGG</i> Mt Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	/ / 20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Carl Lassiter, Jr. (Name of Circulator), (certify): I reside at 5255 Coachlamp Drive Mt. Pleasant (Circulator's Residence - Street name and Number) Mt. Pleasant (Circulator Municipality) Circulator

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

December 3 (Month) 12011 (Day) (Year)

Carl L. Lassiter, Jr. (Signature of Circulator)

Page No. (Official Use Only)
000378

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Desmond Williams	<i>Desmond Williams</i>	Street: 1416 West Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. Valerie Arnold	<i>Valerie Arnold</i>	Street: 420-3 Mile Rd. #A6 City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Cora Little	<i>Cora Little</i>	Street: 725 South Street City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
4. Barbara Vinson	<i>Barbara Vinson</i>	Street: 1808 Mead St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5. Melinda Ayala	<i>Melinda Ayala</i>	Street: 2043 N. Wisconsin City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
6. Robert Rangel	<i>Robert Rangel</i>	Street: 407 Saint Patrick St City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Richard Gerardo	<i>Richard Gerardo</i>	Street: 4111 Erie St Apt 207 City: Racine Zip: WI 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>
8. GERALD J. CEASAR	<i>Gerald J. Caesar</i>	Street: 4305 ERIE ST City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City RACINE	12/3/2011 <small>(Month) (Day) (Year)</small>
9. Patricia Burns	<i>Patricia Burns</i>	Street: 4130 MARQUETTE City: RACINE Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
10. Michael Albritton	<i>Michael Albritton</i>	Street: 719 Villa St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. Racine (Circulator's Residence - Street name and Number) Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 03 / 2011
(Month) (Day) (Year)

Keith Kohlmann
(Signature of Circulator)

262-639-7455

Page No. 000879
000879

K 47118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. William Drongo	<i>Will D</i>	Street: 1638 Taylor Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. Whitney Coleman	<i>Whitney</i>	Street: 1823 Franklin St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Geneva Clemon	<i>Geneva Clemon</i>	Street: 1533 Villa St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
4. Kowanda Harris	<i>Kowanda Harris</i>	Street: 3302 17th St City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5.	<i>(Signature)</i>	Street: <i>(Signature)</i> City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
6. Andrew Del Ray	<i>Andrew Del Ray</i>	Street: 1614 St. Claire St. City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Pamela Maxwell	<i>Pamela Maxwell</i>	Street: 2228 Mead Street City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. Ray Orłowski	<i>Ray Orłowski</i>	Street: 1308 LaSalle Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 03 / 2011
(Month) (Day) (Year)

Keith Kohlmann
(Signature of Circulator)

262-639-7455

Page No. (Official Use Only)
000380

K 41118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Marian Ramirez	<i>Marian Ramirez</i>	Street: 2101 layard Ave #22 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. Crystal Price	<i>Crystal Price</i>	Street: 833 College Ave. City: Racine Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Donald Greenhalgh	<i>Donald Greenhalgh</i>	Street: 2200 Washington Apt. 101 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
4. Anthony Bogan	<i>Anthony Bogan</i>	Street: 1832 Taylor Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5. Yadira Ramirez	<i>Yadira Ramirez</i>	Street: 1246 Grand Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
6. Esmeralda King	<i>Esmeralda King</i>	Street: 1219 Hamilton St. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Carmen Rodriguez	<i>Carmen Rodriguez</i>	Street: 1234 Dr. ML King Dr. City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. JOE WRAPE	<i>Joe Wrape</i>	Street: 1613 Liberty Street City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
9. Justin Dresen	<i>Justin Dresen</i>	Street: 816 Wolff St City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
10. Willie Allen	<i>Willie Allen</i>	Street: 516 11st Racine City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>

I, Keith KOHLMANN (Name of Circulator), (certify): I reside at 3037 Chatham St. (Circulator's Residence - Street name and Number) Racine (Circulator Municipality).

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

Keith Kohlmann

(Signature of Circulator)

12 / 03 / 2011
(Month) (Day) (Year)

Page No. (Print One Only)
000331

K 1118

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Kattie Pruitt	<i>Kattie Pruitt</i>	Street: 1406 Douglas Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
2. Willie Miller	<i>Willie Miller</i>	Street: 1406 Douglas Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
3. Michael Perne	<i>Michael Perne</i>	Street: 2301 Golf Ave City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
Denise Tucher	<i>Denise Tucher</i>	Street: 1843 Center St City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5. Rocco DeMark	<i>Rocco DeMark</i>	Street: 1600 Albert Street City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
6. Kim Mack	<i>Kim Mack</i>	Street: 2920 Lincolnwood Dr. City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
7. Courtnie Stevens	<i>Courtnie Stevens</i>	Street: 2211 Mead Street City: Racine Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. David Ferrell	<i>David Ferrell</i>	Street: 2104 Carmel Avenue City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
9. Jerry M. Howell	<i>Jerry M. Howell</i>	Street: 2701 Arlington Avenue City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	12/3/2011 <small>(Month) (Day) (Year)</small>

I, Keith KOHLMANN (Name of Circulator), Certification of Circulator, (certify): I reside at 3037 Chatham St. (Circulator's Residence - Street name and Number), Racine (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 03 / 2011
(Month) (Day) (Year)

Keith Kohlmann
(Signature of Circulator) 262-639-7455

Page No. (Official Use Only)
000882

K47718

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	Email
1. Brenda DiLarczyk	[Signature]	Street: 4415 31st Ave City: Kenosha Wis Zip: 1	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Kenosha	12/3/2011 <small>(Month) (Day) (Year)</small>	
2. Gottfried ROTHENBERGER	[Signature]	Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
3. Timothy Lawia	[Signature]	Street: 9219 Dahlg Ln. City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine ^{MT. Pleasant} <i>MB</i>	12/3/2011 <small>(Month) (Day) (Year)</small>	
4. Joseph Carr Jr	[Signature]	Street: 1333 DAKES RD #13 53406 City: MT. PLEASANT Zip: 53406	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City ^{MT. Pleasant} <i>MB</i>	12/3/2011 <small>(Month) (Day) (Year)</small>	
5. KEVIN R SMITH	[Signature]	Street: 1436 90th St City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City ^{MT. Pleasant} <i>MB</i>	12/3/2011 <small>(Month) (Day) (Year)</small>	
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	

Certification of Circulator

I, Nicole Linsbens, (certify): I reside at 4300 N Main St #133 Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Nicole Linsbens
(Signature of Circulator)

Page No. (Official Use Only)
 # 000883

Circulator
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Seanie Wriat	<i>Seanie Wriat</i>	Street: 2801 Parkshine Dr City: MT Pleasant WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Mt. Pleasant	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone (26)
2. Natasha Miller	<i>Natasha Miller</i>	Street: 2041 Grove Ave City: Racine WI Zip: 53406	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone (26)
3. Kimberly Kasprauk	<i>K. Kasprauk</i>	Street: 1801 Elliot Dr City: Union Grove WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City Union Grove	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone (95)
4. Scott Kasprauk	<i>S.A.K.</i>	Street: 1801 Elliot Drive City: U.G. WI Zip: 53182	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City U.G.	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone (95)
5.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
6.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
7.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
8.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
9.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()
10.		Street: City: Zip:	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Nicole Linskens, (certify): I reside at 4300 N. Main St #133 Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Nicole Linskens
(Signature of Circulator)

Page No. 000534
(Page No. (Print or Type Only) #)

Circulator
 Phone
 Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Richard Channon	<i>[Signature]</i>	Street: 4712 Charles St City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City Caledonia	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Toni M. Rayb	<i>[Signature]</i>	Street: 1835 Ellis Ave City: Racine WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3. DUANE WAMPOLE	<i>[Signature]</i>	Street: 4406 DURAND AVE City: RACINE Zip: 53405	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
4. Karen Lavata	<i>[Signature]</i>	Street: 9219 Dahlia Ln City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
5. STEPHEN PAIGE	<i>[Signature]</i>	Street: 1819 ALBERT ST 53404 City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
6. JOLANTA SMITH	<i>[Signature]</i>	Street: 1436-90th ST City: RACINE WI Zip: 53402	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City MT PLEASANT	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Nicole Linskens (Name of Circulator) (certify): I reside at 4300 N Main St. #133 (Circulator's Residence - Street name and Number) Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences even. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 | 3 | 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

Page No. 000883

Circulator

Phone

Email

Address

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING	
1. Tawia Anderson	Tawia Anderson	Street: 1819 Geneva St City: Racine Zip: 02	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
2. Rosa Ruiz	Rosa Ruiz	Street: 2117 Kentucky St City: Racine Zip: 05	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>	Email Phone
3.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
4.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
5.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
6.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
7.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
8.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
9.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone
10.		Street: City: Zip:	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City	1/20 <small>(Month) (Day) (Year)</small>	Email Phone

Certification of Circulator

I, Nicole Linskens, (certify): I reside at 4300 N. Macine #133 Caledonia
(Name of Circulator) (Circulator's Residence - Street name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 3 120
(Month) (Day) (Year)

Nicole Linskens
(Signature of Circulator)

Page No. (Official Use Only)
000386

Circulator
Phone
Date

VAN WANGGAARD RECALL PETITION

Return by
Committee
PO Box 256
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Nancy Flores</u> Sign: <u>[Signature]</u>	Street: <u>1724 youfst</u> City: <u>Racine</u> Zip: <u>53104</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email: _____ Phone: _____
2. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____
3. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____
4. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ (Municipality Name)	<u> / /20 </u> (Month) (Day) (Year)	Email: _____ Phone: _____

I, Mary Detero (Printed Name of Circulator), (certify): I reside at 4409 Patzka Rd (Circulator's Residence - Street Name and Number) Caladornia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officcholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. State

12 / 3 / 2011
(Month) (Day) (Year)
Mary Detero
(Signature of Circulator)

Page No. (Official Use Only)
 # 000887

Circulators
 Please include your contact information
 Phone: _____
 Email: _____

VAN WANGGAARD RECALL PETITION

Return by J

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Morningstar Marquez</u> Sign:	Street: <u>2900 21st Street</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>
2. Print: <u>Vydal Vargas Jr.</u> Sign:	Street: <u>2900 21st Street</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>
3. Print: Dianne Jablonski Sign: 	Street: 7731 W. Main Street DC City: Franklin WI Zip: 53137	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>()</u>
4. Print: <u>Ben Johnston-Krase</u> Sign:	Street: <u>705 Augusta St</u> City: <u>Racine WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>Ben</u> <u>(262)</u>
5. Print: <u>Kimberly Prewitt</u> Sign:	Street: <u>1648 WISCONSIN AVE B</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>()</u>

I, Mary Detero (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

Phone

Email

12, 3 12011 Mary Detero
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
000388

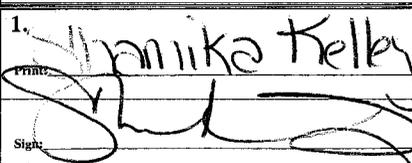
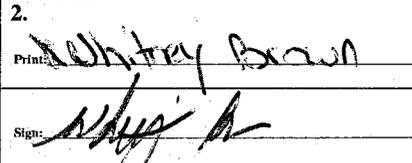
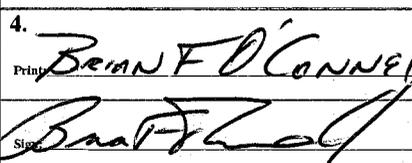
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VAN WANGGAARD RECALL PETITION

Return by
Committee
PO Box 250
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT INFORMATION
1. Print: <u>Shanika Kelly</u> Sign: 	Street: <u>1119 IRVING DR</u> City: <u>Racine</u> Zip: <u>532108</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>262</u> <u>262</u>
2. Print: <u>Whitney Brown</u> Sign: 	Street: <u>227 blaine Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
3. Print: <u>Cecilia Olguin</u> Sign: <u>Cecilia Olguin</u>	Street: <u>1205 Summit Ave.</u> City: <u>Racine WI.</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____
4. Print: <u>Bern F O'Connell</u> Sign: 	Street: <u>2326 N. Main St.</u> City: <u>RACINE</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: <u>262</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/1/20</u> <small>(Month) (Day) (Year)</small>	Email: _____ Phone: _____

I, Mary Tetero (Printed Name of Circulator), certify: I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caladonia (Circulator Municipality)

Circulators,
Please include your contact information

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(b), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)
Mary Tetero
(Signature of Circulator)

Page No. (Official Use Only)
000383

Email: _____

Email: _____

JK

VAN WANGGAARD RECALL PETITION

Return by
Committee to
PO Box 256
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

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NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Mayra Jauregui</u> Sign: <u>Mayra Jauregui</u>	Street: <u>739 Villa St.</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>[Signature]</u> Sign: _____	Street: <u>[Signature]</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: <u>Yolanda Vargas</u> Sign: <u>Y V Perez</u>	Street: <u>2010 Parker Av.</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>Vinh Dao</u> Sign: <u>Vinh Dao</u>	Street: <u>1104 Martin Luther King Dr.</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: <u>LISA Villarreal</u> Sign: <u>Lisa Villarreal</u>	Street: <u>4212 Byrd Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

I, Mary Peters (Printed Name of Circulator), certify: I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caledonia (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a) Wis. Stats.

12, 3 2011
(Month) (Day) (Year)
Mary Peters
(Signature of Circulator)

Page No. (Official Use Only)
000390

Circulators
Please include your con

Phone
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Email

VAN WANGGAARD RECALL PETITION

Return by J

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 256
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Rebekah Schack</u> Sign: <u>Rebekah S.</u>	Street: <u>1721 1/2 LaSalle St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input checked="" type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> ^{MT} <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>Rodolfo Ramirez</u> Sign: <u>Rodolfo Ramirez</u>	Street: <u>2117 Kentucky St</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: <u>Arthur Riley</u> Sign: <u>Arthur Riley</u>	Street: <u>1010 Park Ave</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>Mary Taborne</u> Sign: <u>Mary Taborne</u>	Street: <u>5935 Margery Dr #104</u> City: <u>Racine WI</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: <u>Rosalina Herrera</u> Sign: <u>Rosalina Herrera</u>	Street: <u>2817 Arthur Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

I, Mary Peters (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your contact info.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(2)(a), Wis. Stats.

Phone
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Email

12, 3 2011 Mary Peters
(Month) (Day) (Year) (Signature of Circulator)

Page No. (Official Use Only)
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VAN WANGGAARD RECALL PETITION

Return by Jan
Committee to
PO Box 2569
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Madelyn Lampark</u> Sign: <u>Madelyn Lampark</u>	Street: <u>1841 Polaris Ave</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <small>() ()</small>
2. Print: <u>Cynthia Tigges</u> Sign: <u>Cynthia Tigges</u>	Street: <u>1724 Centennial Ln</u> City: <u>Mt. Pleasant</u> Zip: <u>53406 Racine</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Mt. Pleasant</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <small>() ()</small>
3. Print: <u>Debra Lein</u> Sign: <u>Debra Lein</u>	Street: <u>3201 County Rd H</u> City: <u>Sturtevant</u> Zip: <u>WI 53177</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Sturtevant</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <small>() ()</small>
4. Print: <u>Shannon Nabors</u> Sign: <u>Shannon Nabors</u>	Street: <u>1232 N. Wisconsin St</u> City: <u>Racine, WI</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone <u>(262)</u>

I, Mary Tolero (certify): I reside at 4409 Patzke Rd Caladonic
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a) Wisconsin Stats.

12, 3 2011
(Month) (Day) (Year) Mary Tolero
(Signature of Circulator)

Page No. (Official Use Only)
000892

Circulators,
Please include your con
Phone
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Email

JK

VAN WANGGAARD RECALL PETITION

Return by Jan

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee to
PO Box 2569
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Margaret Lampark</u> Sign: <u>Margaret Lampark</u>	Street: <u>1841 Polaris Ave</u> City: <u>Racine WI</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>Clarissa Braun</u> Sign: <u>Clarissa Braun</u>	Street: <u>4218 Durand Ave.</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone (262)
3. Print: <u>Rebecca Fick</u> Sign: <u>Rebecca Fick</u>	Street: <u>2425 Catherine Dr.</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>Caledonia</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>GERARDO Flores</u> Sign: <u>Gerardo flores</u>	Street: <u>1724 yout</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: _____ Sign: _____	Street: _____ City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>1/1/20</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

1. Mary Deforo (certify): I reside at 9409 Patula Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators.
Please include your contact information.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S. 12.13(3)(a) Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)
Mary Deforo
(Signature of Circulator)

Page No. (Official Use Only)
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Phone

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Email

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VAN WANGGAARD RECALL PETITION

Return by
Committee
PO Box 25
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Michael Cook</u> Sign: <u>Michael Cook</u>	Street: <u>3807 Wrigley Ave</u> City: <u>Racine</u> Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
2. Print: <u>Nakeia Watson</u> Sign: <u>Nakeia Watson</u>	Street: <u>1342 Stuart Rd</u> City: <u>Racine</u> Zip: <u>WI</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
3. Print: <u>Julie McClain</u> Sign: <u>Julie McClain</u>	Street: <u>1925 Winthrop Ave</u> City: <u>Racine WI</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mt Pleasant</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone (262)
4. Print: <u>Stacy Schrandt</u> Sign: <u>Stacy Schrandt</u>	Street: <u>4508 Taylor Ave</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()
5. Print: <u>Jessica Safransky</u> Sign: <u>Jessica Safransky</u>	Street: <u>13430 County Line Rd</u> City: <u>Mount Pleasant</u> Zip: <u>53177</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Mount Pleasant</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email () Phone ()

I, Mary Detero (certify): I reside at 4409 Patzka Rd Caladonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a) Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)
Mary Detero
(Signature of Circulator)

Page No. (Official Use Only)
000894

Circulators.
Please include your
Phone
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Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Return by
Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>KATHY THOMPSON</u> Sign: <u>Kathy Thom</u>	Street: <u>1718 12th St</u> City: <u>RACINE</u> Zip: <u>53403</u>	<input checked="" type="checkbox"/> Town <u>KT</u> <input type="checkbox"/> Village <input type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()
2. Print: <u>Crystal Burns</u> Sign: <u>Crystal Burns</u>	Street: <u>927 Superior St</u> City: <u>Racine</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()
3. Print: <u>Sandra Hill</u> Sign: <u>Sandra Hill</u>	Street: <u>RACINE 53403</u> City: <u>2831 Winthrop Ave</u> 03	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()
4. Print: <u>Judith L. Renquist</u> Sign: <u>Judith Renquist</u>	Street: <u>711 Tower Circle</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input type="checkbox"/> City <u>WILD POINT</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone (262)
5. Print: <u>Shevon Smith</u> Sign: <u>Shum Smith</u>	Street: <u>4719 Indian Hills Dr. #9</u> City: <u>Wt. Pleasant</u> Zip: <u>53406</u>	<input type="checkbox"/> Town <input checked="" type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Wt. Pleasant</u> (Municipality Name)	<u>12/3/2011</u> (Month) (Day) (Year)	Email Phone ()

Certification of Circulator

I, Mary Detero (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)
Mary Detero
(Signature of Circulator)

Page No. (Official Use Only)
000395

Circulators,
Please include your
Phone
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Email

VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE INDICATED.

PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	VOTING MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>
Sheryl Boyle	[Signature]	2677 Cottonwood Dr	[City]
1. Sheryl Boyle	[Signature]	Street: [Blank] City: [Blank] Zip: [Blank]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
2. [Signature]	[Signature]	Street: [Blank] City: [Blank] Zip: [Blank]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City
3. Sheryl Boyle	[Signature]	Street: 2617 Cottonwood Dr City: Racine WI Zip: [Blank]	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Querne</i>
4. Richard Thurman	[Signature]	Street: 4951 Rimrock Ct City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>
5. Rita Aguayo	[Signature]	Street: 2904 Mt Pleasant City: Racine WI Zip: 53104	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>
6. NANKI LIGHVANI	[Signature]	Street: 4409 N Greenway Rd City: Racine WI Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>
7. Jaymie Coleman	[Signature]	Street: 2008 Case Ave. City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>
8. KARLA M. ROMERO	[Signature]	Street: 2105 DeKoven Ave City: Racine WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>
9. Karla Johnston-Kuase	[Signature]	Street: 765 Augusta St. City: Racine, WI Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>
10. JESSICA M. SORENSON	[Signature]	Street: 1005 DELAMERE AVE City: RACINE, WI Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <i>Racine</i>

Certification of Circulator

I, Mary Botero (Name of Circulator), (certify): I reside at 4409 Patzke Rd (Circulator's Residence - Street name and Number) Calion (Circulator's Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.

12 / 3 / 2011
(Month) (Day) (Year)

[Signature]
(Signature of Circulator)

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Page No. of # 00

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VAN WANGGAARD RECALL PETITION

Return by

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

Committee
PO Box 25
Madison, WI

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>MARA JONES</u> Sign: <u>Mara Jones</u>	Street: <u>4420-17th St</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>Sean Hirsch</u> Sign: <u>[Signature]</u>	Street: <u>1422 Lincoln St</u> City: <u>Racine wi.</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: <u>Kristine M Schulz</u> Sign: <u>Kristine M Schulz</u>	Street: <u>1238 West Lawn</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>Linden A. Schulz</u> Sign: <u>[Signature]</u>	Street: <u>1238 West Lawn Ave</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: <u>DANIEL EHN</u> Sign: <u>[Signature]</u>	Street: <u>1841 POLARIS AVE</u> City: <u>RACINE</u> Zip: <u>53404</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>RACINE</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Mary Doherty (certify): I reside at 4409 Patzke Rd Caledonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(b), Wis. Stats.

Circulators.
Please include your

Phone

Email

12 / 3 / 2011
(Month) (Day) (Year)

Mary Doherty
(Signature of Circulator)

Page No. (Official Use Only)
000897

VAN WANGGAARD RECALL PETITION

Return by J
Committee
PO Box 256
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Jim Jud Thomas</u> Sign: <u>[Signature]</u>	Street: <u>2015th Prospect</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
2. Print: <u>Mueli Ramirez</u> Sign: <u>[Signature]</u>	Street: <u>1621 Hamilton St</u> City: <u>Racine</u> Zip: <u>53403</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
3. Print: <u>[Signature]</u> Sign: <u>[Signature]</u>	Street: <u>MT</u> City: _____ Zip: _____	<input type="checkbox"/> Town <input type="checkbox"/> Village <input type="checkbox"/> City _____ <small>(Municipality Name)</small>	<u>MT</u> <u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
4. Print: <u>Angelica Cardoso</u> Sign: <u>[Signature]</u>	Street: <u>703 Chicago St upper</u> City: <u>Racine WI</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()
5. Print: <u>Avery Nail</u> Sign: <u>[Signature]</u>	Street: <u>710 N Memorial</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone ()

Certification of Circulator

I, Mary Tetero (certify): I reside at 4409 Patzke Rd Caladonia
(Printed Name of Circulator) (Circulator's Residence - Street Name and Number) (Circulator Municipality)

Circulators,
Please include your name

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year) Mary Tetero
Signature of Circulator

Page No. (circulator only)
000898

Phone

()

Email

VAN WANGGAARD RECALL PETITION

Return by
Committee
PO Box 256
Madison, WI

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT.
THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.

NAME & SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	NAME OF VOTING MUNICIPALITY OF RESIDENCE <small>(Also Indicate Town, City, or Village)</small>	DATE OF SIGNING	CONTACT
1. Print: <u>Megan L Hirsch</u> Sign: <u>Megan Hirsch</u>	Street: <u>1422 Lincoln St</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email <u>meg@hirsch.com</u> Phone () ()
2. Print: <u>Oltha Reeves</u> Sign: <u>Oltha Reeves</u>	Street: <u>1024 Hagerer</u> City: <u>Racine</u> Zip: <u>53402</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () ()
3. Print: <u>Rhonda Dedman</u> Sign: <u>Rhonda Dedman</u>	Street: <u>PO Box 085914</u> City: <u>Racine</u> Zip: <u>53408</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/03/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () ()
4. Print: <u>Elena Guzman</u> Sign: <u>Elena Guzman</u>	Street: <u>345 Republic Avenue</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/05/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () ()
5. Print: <u>Sara Hellesen</u> Sign: <u>S Hellesen</u>	Street: <u>3666 Spring St</u> City: <u>Racine</u> Zip: <u>53405</u>	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City <u>Racine</u> <small>(Municipality Name)</small>	<u>12/3/2011</u> <small>(Month) (Day) (Year)</small>	Email Phone () ()

I, Mary Peters (Printed Name of Circulator) certify: I reside at 4409 Patzke Rd (Circulator's Residence - Street Name and Number) Caledonia (Circulator Municipality)

Circulators,
Please include your contact information.

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3) of Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

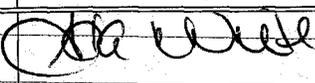
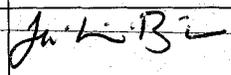
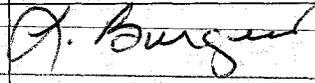
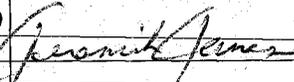
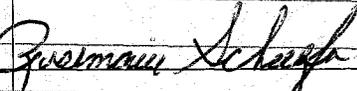
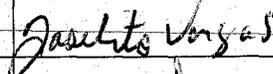
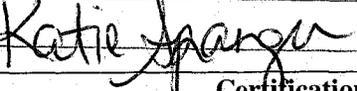
Mary Peters
(Signature of Circulator)

Page No. (Official Use Only)
000899

Email
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VAN WANGGAARD RECALL PETITION

To the Wisconsin Government Accountability Board: We, the undersigned qualified electors of the 21st State Senate District of Wisconsin petition for the recall of Senator Van Wanggaard from office pursuant to Article XIII, Section 12 of the Wisconsin Constitution and S.9.10 of the Wisconsin Statutes.

THE MUNICIPALITY USED FOR MAILING PURPOSES, WHEN DIFFERENT THAN MUNICIPALITY OF RESIDENCE, IS NOT SUFFICIENT. THE NAME OF THE MUNICIPALITY OF RESIDENCE MUST ALWAYS BE LISTED.				
PRINTED NAMES OF ELECTORS	SIGNATURES OF ELECTORS	STREET & NUMBER OR RURAL ROUTE <small>Rural address must also include box or fire no.</small>	MUNICIPALITY OF RESIDENCE <small>(Indicate Town, City, or Village)</small>	DATE OF SIGNING
1. Ada White Ada White		Street: 1301 N Wisconsin Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/07/2011 <small>(Month) (Day) (Year)</small>
2. Jo Leiana Bian		Street: 1301 N Wisconsin St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 <small>(Month) (Day) (Year)</small>
3. LaTrice Burgess		Street: 3415 17th Street City: Racine Zip: 53405	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 <small>(Month) (Day) (Year)</small>
4. Severin James Severin James		Street: 1605 Moken Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
5. S. Anantha Isbell		Street: 1305 Lawndale Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
6. Thomas C. Honnas		Street: 1614 Taylor Ave City: Racine Zip: 53403	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/03/2011 <small>(Month) (Day) (Year)</small>
7. Joshua Driver		Street: 3844 Wilshire Dr City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
8. Rosemarie Schaefer		Street: 517 RANDOLPH ST City: Racine Zip: 53404	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
9. Joselito Vargas		Street: 1015 Delamere Ave City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>
10. Katie Spranger		Street: 1312 Yout St City: Racine Zip: 53402	<input type="checkbox"/> Town <input type="checkbox"/> Village <input checked="" type="checkbox"/> City Racine	12/3/2011 <small>(Month) (Day) (Year)</small>

Certification of Circulator

I, Julie Harycki (Name of Circulator), (certify): I reside at 2525 Green Haze Ave (Circulator's Residence - Street name and Number) mt Pleasant (Circulator Municipality)

I personally circulated this recall petition and personally obtained each of the signatures on this paper. I know that the signers are electors of the jurisdiction or district represented by the officeholder named in this petition. I know that each person signed the paper with full knowledge of its content on the date indicated opposite his or her name. I know their respective residences given. I support this recall petition. I am aware that falsifying this certification is punishable under S.12.13(3)(a), Wis. Stats.

12 / 3 / 2011
(Month) (Day) (Year)

Julie Harycki
(Signature of Circulator)

Page No. (Official Use Only)
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